

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)

655 Beach Street

☐ Check if different than previously reported. (ACC)

San Francisco

CA

94109

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00196246

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2014

through

M M M / D D D / Y Y Y Y Y Y
04 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven Rausch

Signature of Treasurer

Steven Rausch

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
05 20 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 04 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 2014		450006.08
(b) Cash on Hand at Beginning of Reporting Period.....	461941.37	
(c) Total Receipts (from Line 19)	108150.06	270929.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	570091.43	720936.06
7. Total Disbursements (from Line 31)	55215.60	206060.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	514875.83	514875.83
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M M / D D / Y Y Y Y
04 / 01 / 2014

To:

M M / D D / Y Y Y Y
04 / 30 / 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

92261.31

221851.98

(ii) Unitemized

13388.75

46578.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

105650.06

268429.98

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

105650.06

268429.98

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

2500.00

2500.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

108150.06

270929.98

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

108150.06

270929.98

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	215.60	476.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	215.60	476.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	55000.00	205500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	83.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	83.33
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	55215.60	206060.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55215.60	206060.23

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	105650.06	268429.98
34. Total Contribution Refunds (from Line 28(d))	0.00	83.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	105650.06	268346.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	215.60	476.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	215.60	476.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 75

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Chris Albanis

Mailing Address 2041 W Moffat St

City
Chicago

State
IL

Zip Code
60647-5516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2014

Transaction ID : 1160139E-4BD4-4DA1-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Chad Anderson

Mailing Address 1811 W Royal Hunte Dr Ste 1

City
Cedar City

State
UT

Zip Code
84720-8174

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

04 / 15 / 2014

Transaction ID : 8576B5BD-7549-48B8-B

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Husam Ansari

Mailing Address 29 Parker Rd

City
Needham

State
MA

Zip Code
02494-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 21 / 2014

Transaction ID : 1A206A6D-E519-4379-A

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

948.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Brad Anstadt

Mailing Address 675 W North Ave Ste 107

City

Melrose Park

State

IL

Zip Code

60160-1622

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 24 / 2014

Transaction ID : 577F5842-58DE-4790-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Matthew Appenzeller

Mailing Address 1206 Brookview Dr

City

Elon

State

NC

Zip Code

27244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2014

Transaction ID : 3EC281B2-F60F-4126-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Sterling Baker

Mailing Address 14000 N Portland Ave Ste 101

City

Oklahoma City

State

OK

Zip Code

73134-4004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 03 / 2014

Transaction ID : A85939A5-8115-4071-B

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Deloris Bell

Mailing Address 9950 West 151st St.

City State Zip Code
Stanley KS 66221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2014

Transaction ID : 2EF1DA7F-30B4-4180-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Andrew Berman

Mailing Address 9630 N Kenton Ave

City State Zip Code
Skokie IL 60076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2014

Transaction ID : 81C3942B-B620-4DD2-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Daniel Bernstein

Mailing Address 451 Ruin Creek Rd Ste 204

City State Zip Code
Henderson NC 27536-5920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2014

Transaction ID : 0EA3DFEB-7DAF-492A-A

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1095.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Cynthia Ann Ann Bradford

Mailing Address 3501 Rena Dawn

City

Edmond

State

OK

Zip Code

73013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 09 / 2014

Transaction ID : 040C7AC8-CB23-4472-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Reagan Bradford

Mailing Address 608 Stanton L Young Blvd

City

Oklahoma City

State

OK

Zip Code

73104-5065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

04 / 09 / 2014

Transaction ID : B27F4770-7B8C-448A-B

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. James Gerard Brooks Jr.

Mailing Address 2616 Warm Springs Rd

City

Columbus

State

GA

Zip Code

31904-5323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2014

Transaction ID : 6C05B0EA-2B85-4551-8

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Beth Bruening

Mailing Address 3710 North Westshore Drive

City State Zip Code
 North Sioux City SD 57049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 24 / 2014

Transaction ID : 8275143F-4325-4BA0-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Susan Burden

Mailing Address Medical Center Drive

City State Zip Code
 Winston-Salem NC 27157

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 11 / 2014

Transaction ID : FAAA5887-4454-4491-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Tyree Carr

Mailing Address 2800 N Tenaya Way Ste 102

City State Zip Code
 Las Vegas NV 89128-1100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2014

Transaction ID : 3A7A5973-C116-43BE-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Denise Chamblee

Mailing Address 10 Jacobs Ln

City State Zip Code
 Newport News VA 23606-2815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 01 / 2014

Transaction ID : 80C12DE0-4F78-4009-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. D. Alan Chandler

Mailing Address 10271 Matthews Grove Ln

City State Zip Code
 Mechanicsville VA 23116-5151

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 01 / 2014

Transaction ID : 757DB0D6-089E-4254-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Jack Mabry Mabry Chapman

Mailing Address 2061 Beverly Rd

City State Zip Code
 Gainesville GA 30501-2034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : 7175829E-7736-4BFD-A

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

813.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Kenneth Paul Cheng

Mailing Address 100 Bradford Rd Ste 320

City

Wexford

State

PA

Zip Code

15090-8314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2014

Transaction ID : 52BEF4E2-F61B-42B0-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Donald Cinotti

Mailing Address 600 Pavonia Ave Ste 6

City

Jersey City

State

NJ

Zip Code

07306-2932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2014

Transaction ID : 62921600-5086-4560-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. William Clifford

Mailing Address 310 E Walnut St Ste 101

City

Garden City

State

KS

Zip Code

67846-5560

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 4EA2A8C4-1E83-4DEE-9

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jonathan Collins

Mailing Address 2489 Iron Forge Road

City

Herndon

State

VA

Zip Code

20171

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 10 / 2014

Transaction ID : A604ED19-7EE0-4C4F-A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Charles Colombo

Mailing Address 1701 South Blvd E Ste 180

City

Rochester Hills

State

MI

Zip Code

48307-6115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 23 / 2014

Transaction ID : F76215EA-B878-479C-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Geoffrey Cooper

Mailing Address 5875 Bremo Rd Ste 606

City

Richmond

State

VA

Zip Code

23226-1928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2014

Transaction ID : 4B4FF8B9-C921-4E91-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 75

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Robert Copeland

Mailing Address 2041 Georgia Ave NW Towers 2100

City State Zip Code
Washington DC 20060-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2014

Transaction ID : 8F6A1DEE-19A2-42D9-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Russell Crain

Mailing Address 11011 Hefner Pointe Dr Ste B

City State Zip Code
Oklahoma City OK 73120-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2014

Transaction ID : 53E2FEFA-2781-4CFA-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Joseph Crapotta

Mailing Address 12 Knolls Dr

City State Zip Code
New Hyde Park NY 11040-1146

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self

ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2014

Transaction ID : A7C77F95-33C0-475D-A

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Alison Crum

Mailing Address 35 East 100 South, Unit 503

City State Zip Code
 Salt Lake City UT 84111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

04 / 18 / 2014

Transaction ID : 05F9FDB5-5797-42AD-9

Amount of Each Receipt this Period

205.00

Full Name (Last, First, Middle Initial)

B. John Dagianis

Mailing Address 5 Coliseum Ave

City State Zip Code
 Nashua NH 03063-3206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

04 / 11 / 2014

Transaction ID : 6B4517EC-90CB-44CE-8

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Keith Dahlhauser

Mailing Address 1703 S Meridian Ste 101

City State Zip Code
 Puyallup WA 98371-7590

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 01 / 2014

Transaction ID : 61DEBF90-22E9-4743-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1455.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Richard Davenport

Mailing Address 2424 S 90th St Ste 204

City

West Allis

State

WI

Zip Code

53227-2455

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2014

Transaction ID : 1404F076-FB3C-4FE0-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Richard Davenport

Mailing Address 2424 S 90th St Ste 204

City

West Allis

State

WI

Zip Code

53227-2455

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2014

Transaction ID : 06BFE12D-C1F6-475A-B

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Anna Luisa Di Lorenzo

Mailing Address 1393 Fairfax

City

Birmingham

State

MI

Zip Code

48009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2014

Transaction ID : 2710888E-BE6E-441D-9

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2906.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jason Dimmig

Mailing Address 2275 NE Doctors Dr Ste 6

City State Zip Code
 Bend OR 97701-6092

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 10 / 2014

Transaction ID : 2450483E-394C-4EA4-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Joseph Doe

Mailing Address 1052 Gull Rd

City State Zip Code
 Kalamazoo MI 49048-1734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.67

Date of Receipt

04 / 30 / 2014

Transaction ID : 00E56B1F-0014-47EF-8

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Daniel Drysdale

Mailing Address 3645 S Main St

City State Zip Code
 Blacksburg VA 24060-7014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 16 / 2014

Transaction ID : B15A7DCF-B6EE-4264-A

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

665.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Daniel Drysdale

Mailing Address 3645 S Main St

City
Blacksburg

State
VA

Zip Code
24060-7014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 16 / 2014

Transaction ID : 9231AC58-D8AF-412D-9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jane Edmond

Mailing Address 6610 Auden St

City
Houston

State
TX

Zip Code
77005-4304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 11 / 2014

Transaction ID : 74C85A57-C5C9-403A-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael Elman

Mailing Address 9114 Philadelphia Rd Ste 310

City
Baltimore

State
MD

Zip Code
21237-4350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 10 / 2014

Transaction ID : 59BF30C4-8677-4DDE-A

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Suzanne Everhart

Mailing Address 204 Virginia St

City

Ashland

State

VA

Zip Code

23005-2049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 09 / 2014

Transaction ID : 36187653-05BD-4470-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Joanna Fisher

Mailing Address 2643 Huntingdon Pike

City

Huntingdon Valley

State

PA

Zip Code

19006-5109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2014

Transaction ID : A5405AF8-7CF1-436F-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kevin Thomas Flaherty

Mailing Address 1206 highland Park Blvd

City

Wausau

State

WI

Zip Code

54403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2014

Transaction ID : 03C91550-A2FD-42F6-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Aaron Fortney

Mailing Address 3119 N 14th St

City

Bismarck

State

ND

Zip Code

58503-0664

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 01 / 2014

Transaction ID : CF2A0EE4-37DD-43A3-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Tamara Fountain

Mailing Address 740 Waukegan Rd Ste 360

City

Deerfield

State

IL

Zip Code

60015-4472

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2014

Transaction ID : 81967233-E5C2-4F82-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Bradley Dean Dean Fouraker

Mailing Address 4905 W Bay Way Pl

City

Tampa

State

FL

Zip Code

33629-4833

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2014

Transaction ID : A2855B9C-E39C-4A1E-8

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Martin Fox

Mailing Address 410 Lakeville Rd Ste 300

City

New Hyde Park

State

NY

Zip Code

11042-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 07 / 2014

Transaction ID : C385E47C-D7B5-4D21-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Eric Fry

Mailing Address 1507 Grandview Dr E

City

Garden City

State

KS

Zip Code

67846-8639

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2014

Transaction ID : 044C3802-A0C0-4827-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. John Michael Garrett

Mailing Address 1301 Carpenter Avenue

City

Iron Mountain

State

MI

Zip Code

49801-4795

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 08 / 2014

Transaction ID : 7EBFC707-1D47-4F5B-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Sidney Gicheru

Mailing Address 4385 San Carlos Drive

City State Zip Code
 Dallas TX 75205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 08 / 2014

Transaction ID : EDF9393C-3BD1-4A80-B

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

B. Jane Gilbert

Mailing Address 94082 Hollow Stump Ln

City State Zip Code
 North Bend OR 97459-8570

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : BD0F2272-0D59-405A-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. David Glasser

Mailing Address 2307 Ridge Tree Ct

City State Zip Code
 Columbia MD 21046-3240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 08 / 2014

Transaction ID : F7587C3B-91B1-427B-A

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

938.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Ravi Goel

Mailing Address 741 Route 70 W

City

Cherry Hill

State

NJ

Zip Code

08002-3527

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2014

Transaction ID : 99AD98F5-C764-4095-9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Sanjay Goel

Mailing Address 5824 Wild Orange Gate

City

Clarksville

State

MD

Zip Code

21029-1656

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2014

Transaction ID : 121AD72A-BDAC-4820-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Lynn Gordon

Mailing Address 100 Stein Plaza

City

Los Angeles

State

CA

Zip Code

90095-7065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2014

Transaction ID : 8610DD3C-3127-44AF-8

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Thomas Graul

Mailing Address 1710 S 70th St

City
Lincoln

State
NE

Zip Code
68506-1676

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2014

Transaction ID : 9D16D00D-9341-41F5-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael Green

Mailing Address 854 Lone Oak Dr

City
Gallatin

State
TN

Zip Code
37066-3694

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2014

Transaction ID : 70AEBE83-935F-405F-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Craig Greven

Mailing Address 1 Medical Center Blvd

City
Winston Salem

State
NC

Zip Code
27157-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2014

Transaction ID : 9BBB1B9B-FBE6-4262-B

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1230.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. George Harocopos

Mailing Address 4464 Lindell Blvd
Apt 13

City State Zip Code
St Louis MO 63108-2475

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 09 / 2014

Transaction ID : 9D130C4C-BCCA-4D58-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Thomas Harper

Mailing Address 3810 Springhurst Blvd Ste 100

City State Zip Code
Louisville KY 40241-6100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2014

Transaction ID : 22A28B1A-534D-4A13-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. April Harris

Mailing Address 6561 E Carondelet Dr

City State Zip Code
Tucson AZ 85710-2156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

04 / 21 / 2014

Transaction ID : FBC00240-B415-4534-B

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Sohail Hasan

Mailing Address 10526 Wildflower Rd

City

Orland Park

State

IL

Zip Code

60462-7444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2014

Transaction ID : BD1C625E-8A8E-4671-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael Hodges

Mailing Address The Eye Group of Southern Indiana
1020 W Buena Vista Rd

City

Evansville

State

IN

Zip Code

47710-5150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2014

Transaction ID : A6BE98E8-72FB-4581-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. William Holcomb

Mailing Address 1813 Kress St NE

City

Cullman

State

AL

Zip Code

35058-1565

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

04 / 15 / 2014

Transaction ID : 0962BC12-25D6-417C-9

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1083.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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PAGE 27 OF 75

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Aaron Holtebeck

Mailing Address 200 S Water St Unit 108

City

Milwaukee

State

WI

Zip Code

53204-1497

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2014

Transaction ID : E710469D-9A18-410A-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. W. Andrew Hubbard

Mailing Address 6600 Avondale Dr

City

Nichols Hills

State

OK

Zip Code

73116-6018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 14 / 2014

Transaction ID : 7D7CC674-91C5-4C91-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Roger Husted

Mailing Address 46 Cambridge Dr.

City

Red Hook

State

NY

Zip Code

12571

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 24 / 2014

Transaction ID : CD91A442-670E-4846-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Ingvaldstad

Mailing Address 1340 S 90th St

City State Zip Code
 Omaha NE 68124-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 09 / 2014

Transaction ID : 17FD7D1F-15A6-4306-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Morton Israel

Mailing Address 770 Magnolia Ave Ste 2D

City State Zip Code
 Corona CA 92879-3122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : 312BAE4D-6EB5-4C03-A

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Cameron Javid

Mailing Address 6561 E Carondelet Dr

City State Zip Code
 Tucson AZ 85710-2156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 21 / 2014

Transaction ID : 39BD511E-7445-477F-8

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1833.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 29 OF 75

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Johnson

Mailing Address 3711 E. 26th Ave.

City State Zip Code
 Denver CO 80205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 08 / 2014

Transaction ID : 8C90E01A-3D4B-4EB9-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Brian Joondeph

Mailing Address 8101 E Lowry Blvd Ste 210

City State Zip Code
 Denver CO 80230-7195

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 29 / 2014

Transaction ID : 13353E0A-94D3-4BA4-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Sanjay Kedhar

Mailing Address 7 S Oxford St Apt 2

City State Zip Code
 Brooklyn NY 11217-1357

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : E9E8B6AA-A581-4BCC-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. John Kennedy

Mailing Address 1675 Providence Ave

City

Schenectady

State

NY

Zip Code

12309-3919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 08 / 2014

Transaction ID : 5132961F-7C96-45C2-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. George Khouri

Mailing Address 1411 N Flagler Dr Ste 8100

City

West Palm Beach

State

FL

Zip Code

33401-3413

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 22 / 2014

Transaction ID : 3BD98EFF-730F-4CF8-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Shane Kim

Mailing Address 6411 SW SWEETBRIAR CT

City

Portland

State

OR

Zip Code

97221-1361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 03 / 2014

Transaction ID : 37760C74-82B0-4FB1-B

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 75

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Alan Kimura

Mailing Address 8101 E Lowry Blvd Suite 210

City State Zip Code
 Denver CO 80230-7193

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 09 / 2014

Transaction ID : 12572BED-0DA7-430C-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Krishna Kishor

Mailing Address 143 Viera Drive

City State Zip Code
 Palm Beach Gardens FL 33418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2014

Transaction ID : C9806F25-7514-41D4-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Craig Kliger

Mailing Address 100 Galewood Cir

City State Zip Code
 San Francisco CA 94131-1132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.67

Date of Receipt

04 / 09 / 2014

Transaction ID : 3A63B253-2BE7-44BF-B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Craig Kliger

Mailing Address 100 Galewood Cir

City State Zip Code
San Francisco CA 94131-1132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.67

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2014

Transaction ID : 1A045763-2DD8-4685-A

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Philip Kramer

Mailing Address 1460 Victory Blvd

City State Zip Code
Staten Island NY 10301-3914

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2014

Transaction ID : 0AA32E13-9AC0-4DDB-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Lydia Lane

Mailing Address 458 Valley Club Circle

City State Zip Code
Little Rock AR 72212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2014

Transaction ID : 7B247ED4-ED81-4046-B

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1541.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Julie Lee

Mailing Address 3950 Kresge Way Ste 105

City State Zip Code
Louisville KY 40207-4637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 09 / 2014

Transaction ID : 7893CEB1-8AD1-442A-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard Lee

Mailing Address 491 30th St Ste 201

City State Zip Code
Oakland CA 94609-3235

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 10 / 2014

Transaction ID : 98AA2AE6-9C5F-49DC-B

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

C. Jay Leemaster

Mailing Address 2909 S Telephone Rd

City State Zip Code
Oklahoma City OK 73160-2937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 14 / 2014

Transaction ID : 4E72AF1E-FD57-426C-B

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

2115.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Lehmann

Mailing Address 262 Neil Ave Ste 430

City State Zip Code
Columbus OH 43215-7312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2014

Transaction ID : 2148ED98-2E5E-4CEC-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David Levine

Mailing Address 19271 Montgomery Village Ave Ste H

City State Zip Code
Montgomery Village MD 20886-5029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 03 / 2014

Transaction ID : F7EBD28A-748C-49A5-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Scott Limstrom

Mailing Address 3500 Latouche St

City State Zip Code
Anchorage AK 99508-4209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2014

Transaction ID : 124DFAA6-C84F-4AD6-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Amy Lin

Mailing Address 1025 E 3300 S, #B

City State Zip Code
Salt Lake City UT 84106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2014

Transaction ID : 9B9A0CB3-455E-4CB2-9

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

B. Douglas Litchfield

Mailing Address 200 S 5th St

City State Zip Code
Bismarck ND 58504-5675

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2014

Transaction ID : FB169A99-0EC8-4435-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Kenneth Low

Mailing Address 38707 Stivers St Ste B

City State Zip Code
Fremont CA 94536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2014

Transaction ID : 00BBFE6C-EF8E-46EA-A

Amount of Each Receipt this Period

4000.00

SUBTOTAL of Receipts This Page (optional)..... ►

4564.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Ludwick

Mailing Address 825 5th Ave Ste 102

City

Chambersburg

State

PA

Zip Code

17201-4214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2014

Transaction ID : 4C8B1E17-9B1D-4FF3-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Solomon C. C. Luo

Mailing Address 201 E Laurel Blvd

City

Pottsville

State

PA

Zip Code

17901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 01 / 2014

Transaction ID : 8C095D5D-96EB-48FA-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Mathew Maccumber

Mailing Address 2800 North Sheridan Road

City

Chicago

State

IL

Zip Code

60657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 09 / 2014

Transaction ID : E94EED25-1F64-4D58-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Ben Mahan

Mailing Address 926 N Jackson St

City

Tullahoma

State

TN

Zip Code

37388-2300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 09 / 2014

Transaction ID : A9C5A99A-98B9-458F-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Ben Mahan

Mailing Address 926 N Jackson St

City

Tullahoma

State

TN

Zip Code

37388-2300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 72FD8F1C-B8E2-4040-A

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Ray Maizel

Mailing Address 2224 Alaqua Dr

City

Longwood

State

FL

Zip Code

32779-3100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 10 / 2014

Transaction ID : 7B190912-5B35-4927-A

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

780.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Sheron Marshall

Mailing Address 7075 Campus Dr Ste 100

City State Zip Code
 Colorado Springs CO 80920-6542

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 19 / 2014

Transaction ID : E8673E65-B42C-4A06-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Louise Mawn

Mailing Address 921 Travelers Ct

City State Zip Code
 Nashville TN 37220-1435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2014

Transaction ID : B91C3101-6DDB-4FB8-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mark Mayle

Mailing Address 269 Hoffman Ave

City State Zip Code
 Morgantown WV 26505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 09 / 2014

Transaction ID : B0BBB252-0CDC-4B4F-B

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Douglas Edward Mazzuca

Mailing Address 48 N Broadway Ste A

City

Pennsville

State

NJ

Zip Code

08070-1754

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 07 / 2014

Transaction ID : 1F182606-0586-4878-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Douglas Edward Mazzuca

Mailing Address 48 N Broadway Ste A

City

Pennsville

State

NJ

Zip Code

08070-1754

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 08 / 2014

Transaction ID : 04944CC0-40B5-4B22-8

Amount of Each Receipt this Period

135.00

Full Name (Last, First, Middle Initial)

C. Thomas McPhee

Mailing Address 8320 E Aster Dr

City

Scottsdale

State

AZ

Zip Code

85260-5236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2014

Transaction ID : DA5D832D-165F-47FB-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. William Mieler

Mailing Address 5740 S Kimbark Ave

City
Chicago

State
IL

Zip Code
60637-1615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2014

Transaction ID : 36D78451-65C0-49CB-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Aaron Miller

Mailing Address 1699 Research Forest Dr Ste 150

City

The Woodlands

State

TX

Zip Code

77380-2792

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

483.33

Date of Receipt

04 / 11 / 2014

Transaction ID : DCA38BC4-27F1-4217-9

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Aaron Miller

Mailing Address 31 S Almondell Way

City

The Woodlands

State

TX

Zip Code

77354

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

483.33

Date of Receipt

04 / 30 / 2014

Transaction ID : E6BDEE20-4CF2-4AE0-9

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

683.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Amalia Miranda

Mailing Address 3435 NW 56th St Ste 700

City State Zip Code
Oklahoma City OK 73112-4442

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

698.32

Date of Receipt

04 / 09 / 2014

Transaction ID : F716B7D7-2578-4F14-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Amalia Miranda

Mailing Address 3435 NW 56th St Ste 700

City State Zip Code
Oklahoma City OK 73112-4442

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

698.32

Date of Receipt

04 / 30 / 2014

Transaction ID : F1D57FCF-DAE1-417B-B

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Anne Nachazel

Mailing Address Ste A
25511 Little Mack Ave

City State Zip Code
St Clair Shores MI 48081-3372

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 11 / 2014

Transaction ID : 6D5B9CE8-0F50-4098-A

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

813.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. George Nardin

Mailing Address 407 Uluniu St Ste 214

City State Zip Code
 Kailua HI 96734-2537

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2014

Transaction ID : 746EC5C6-EEB9-4BCF-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Thomas Oetting

Mailing Address 200 Hawkins Dr

City State Zip Code
 Iowa City IA 52242-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 11 / 2014

Transaction ID : B66FAD66-9E8D-42DC-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Mildred M. G. Olivier

Mailing Address 1555 Barrington Rd Ste 110

City State Zip Code
 Hoffman Estates IL 60169-1062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2014

Transaction ID : AA2B0278-AF00-4E10-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Karl Olsen

Mailing Address PO Box 111433

City
Pittsburgh

State Zip Code
PA 15238

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2014

Transaction ID : C4C37721-D3A7-4B9A-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Brenda Pagan-Duran

Mailing Address 45 Twin Brooks Rd

City
Saddle River

State Zip Code
NJ 07458-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 11 / 2014

Transaction ID : A5B22EB5-DF46-4A6C-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Timothy Page

Mailing Address 800 S Adams Rd Ste 201

City
Birmingham

State Zip Code
MI 48009-7008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 11 / 2014

Transaction ID : C6B06044-48D5-426B-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Millicent Palmer

Mailing Address 3630 Burt St

City State Zip Code
 Omaha NE 68131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 09 / 2014

Transaction ID : 72987552-4584-4F5D-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. David Parke II

Mailing Address 655 Beach St

City State Zip Code
 San Francisco CA 94109-1342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 09 / 2014

Transaction ID : 186FF3EC-0857-4BCB-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Purnima Patel

Mailing Address 1445 Monroe Dr NE Apt C41

City State Zip Code
 Atlanta GA 30324-5335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : 3404E263-DC59-4640-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1865.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Ron Pelton

Mailing Address 2770 N Union Blvd Ste 100

City State Zip Code
 Colorado Springs CO 80909-1183

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 28 / 2014

Transaction ID : 840460BF-DCF1-475A-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. William Penland

Mailing Address 1020 W Buena Vista Rd

City State Zip Code
 Evansville IN 47710-5150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 14 / 2014

Transaction ID : AFC0A565-4459-427D-9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dustin Pomerleau

Mailing Address 195 Fore River Pkwy Ste 480

City State Zip Code
 Portland ME 04102-2787

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : 1C386900-644E-4F4E-9

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

690.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Seth David Potash

Mailing Address 450 Mamaroneck Ave Ste 402

City State Zip Code
Harrison NY 10528-2400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2014

Transaction ID : 4E4D9799-C653-4E1B-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Michael Price

Mailing Address 578 Main St

City State Zip Code
Malden MA 02148-3900

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 10 / 2014

Transaction ID : 75577791-1B10-46A6-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Arnold Prywes

Mailing Address 2016

City State Zip Code
Bethpage NY 11714-5723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 10 / 2014

Transaction ID : A3663C69-E476-485A-A

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1230.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Eric Paul Purdy

Mailing Address 3824 Vermilion Cliffs

City

Fort Wayne

State

IN

Zip Code

46814-8712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2014

Transaction ID : 54CF0F5A-50AB-4238-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jean Ramsey

Mailing Address 85 E Concord St Fl 8

City

Boston

State

MA

Zip Code

02118-2335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 09 / 2014

Transaction ID : 1387BF40-A8A4-4BE1-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. P. Rao

Mailing Address 164 S. Maple Ave

City

Webster Groves

State

MO

Zip Code

63119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2014

Transaction ID : 0D5FE720-4E47-4EFD-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Peter Rapoza

Mailing Address 50 Staniford St Ste 600

City State Zip Code
 Boston MA 02114-2587

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : C394477B-B6D4-4C1A-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Penporn Reck

Mailing Address 345 College St SE Ste C

City State Zip Code
 Lacey WA 98503-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : 66DB9CD4-91BB-414B-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Kristin Reidy

Mailing Address 1909 Proctor Ct

City State Zip Code
 Santa Fe NM 87505-4535

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2014

Transaction ID : 01CA81B2-0DB3-4D2D-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Rachel Reinhardt

Mailing Address 1025 153rd St SE Ste 100

City State Zip Code
 Mill Creek WA 98012-4051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 10 / 2014

Transaction ID : A6BDC72C-D059-49F9-9

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Adam Reynolds

Mailing Address 2416 E. Deer Point CT

City State Zip Code
 Eagle ID 83616-4078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 10 / 2014

Transaction ID : ED6FE91A-0678-4DE0-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. William Rich

Mailing Address 6231 Leesburg Pike Ste 608

City State Zip Code
 Falls Church VA 22044-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 11 / 2014

Transaction ID : 68D4D6E2-49F5-4243-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Brandt Riley

Mailing Address 2828 Sunrise Ct

City State Zip Code
Mason City IA 50401-7350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 10 / 2014

Transaction ID : 74C5332C-EB76-413E-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Brandt Riley

Mailing Address 2828 Sunrise Ct

City State Zip Code
Mason City IA 50401-7350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : D5560B1F-F1B0-4369-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David Rivera

Mailing Address 5 cohasset way

City State Zip Code
Westerly RI 02891-2961

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 10 / 2014

Transaction ID : 66154F99-2627-4BB7-8

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1365.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. John Denis Roarty

Mailing Address 3901 Beaubien St

City
Detroit

State
MI

Zip Code
48201-2119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 18 / 2014

Transaction ID : B1AD58B8-55AE-4013-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Catherine Rommel

Mailing Address 2115 Noll Dr

City
Lancaster

State
PA

Zip Code
17603-7600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 02 / 2014

Transaction ID : D7137D08-022F-4C3E-A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brian Rose

Mailing Address 7571 S Willow Dr Ste 101

City
Tempe

State
AZ

Zip Code
85283-5034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 10 / 2014

Transaction ID : E2D183A2-5E4C-4F52-A

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Steven Rosenfeld

Mailing Address 16201 S Military Trl

City

Delray Beach

State

FL

Zip Code

33484-6503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 20 / 2014

Transaction ID : 80B6F1AA-FADD-436C-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Adam Rovit

Mailing Address 2878 Soft Horizon Way

City

Las Vegas

State

NV

Zip Code

89135-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 24 / 2014

Transaction ID : F3832CFF-A400-4C87-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Jonathan Rubenstein

Mailing Address 1725 W Harrison St Ste 918

City

Chicago

State

IL

Zip Code

60612-3863

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2014

Transaction ID : B3AE1513-A705-4ACA-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Egbert Saavedra

Mailing Address 7579 E Felicity Pl

City State Zip Code
Tucson AZ 85750-2632

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 21 / 2014

Transaction ID : EF77F2F0-245A-4E8B-8

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Thomas Samuelson

Mailing Address 10709 Wayzata Blvd

City State Zip Code
Minnetonka MN 55305-5509

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 10 / 2014

Transaction ID : CDD17E5E-37C2-47CF-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Sandler

Mailing Address 4699 Main St Ste 106

City State Zip Code
Bridgeport CT 06606-1830

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 09 / 2014

Transaction ID : 3B4F7F16-4892-4E8F-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. James Sanitato

Mailing Address 7333 Eastborne Rd

City State Zip Code
Cincinnati OH 45255-3962

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 14 / 2014

Transaction ID : FD5A0715-595E-45D3-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Paul Schultz

Mailing Address 1408 E Barnett Rd

City State Zip Code
Medford OR 97504-8279

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2014

Transaction ID : 2EC5551D-0B0C-4BED-8

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

C. Kevin Scott

Mailing Address 3700 Joseph Siewick Dr Ste 400

City State Zip Code
Fairfax VA 22033-1745

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 5FA7DDF8-56BE-43F1-A

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1573.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michael Siegel

Mailing Address 1500 Lexington Ave Apt 8P

City
New York

State Zip Code
NY 10029-7353

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 09 / 2014

Transaction ID : 8217FC33-8DC4-4404-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Chasidy Singleton

Mailing Address 872 Fonnice Dr

City
Nashville

State Zip Code
TN 37207-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 11 / 2014

Transaction ID : C4EE1F84-B351-4E99-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Brian Sippy

Mailing Address 700 W Kent Ave

City
Missoula

State Zip Code
MT 59801-6772

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2014

Transaction ID : 5E85A15E-17EC-4FE7-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Stephen Spitzer

Mailing Address 2 Kinderwood Dr

City State Zip Code
 Marcellus NY 13108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2014

Transaction ID : 0B383A9E-BD99-4565-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Derek Sprunger

Mailing Address 1160 W. Michigan Street
 Room 220

City State Zip Code
 Indianapolis IN 46202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2014

Transaction ID : 16768A19-5503-445E-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert Spurny

Mailing Address 3834 N Paseo Del Sol

City State Zip Code
 Mesa AZ 85207-1853

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2014

Transaction ID : BC088A5F-6A48-4595-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. John Stabile

Mailing Address 111 Dean Dr

City

Tenafly

State

NJ

Zip Code

07670-2764

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

04 / 07 / 2014

Transaction ID : E85AEEE6-744C-4611-B

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

B. John Stechschulte

Mailing Address 262 Neil Ave Ste 320

City

Columbus

State

OH

Zip Code

43215-7311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2014

Transaction ID : E3088126-8D8F-4DEE-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Cameron Stone

Mailing Address 21 Medical Park Dr

City

Asheville

State

NC

Zip Code

28803-2493

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

04 / 15 / 2014

Transaction ID : E4689916-3459-4D7C-9

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1908.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Donald Stone

Mailing Address 7308 NE 101st Street

City State Zip Code
 Oklahoma City OK 73151

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

04 / 09 / 2014

Transaction ID : 9CD1F4B4-7FE1-49B3-9

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Grace Sun

Mailing Address 200 Water St Apt 2215

City State Zip Code
 New York NY 10038-3641

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2014

Transaction ID : 4CBC0F17-A768-4A11-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John Thompson

Mailing Address 6569 N Charles St Ste 605

City State Zip Code
 Baltimore MD 21204-6833

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 11 / 2014

Transaction ID : 5222F60E-EAB8-4579-A

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1583.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Steven Thornquist

Mailing Address 2 Corporate Dr
Suite 112

City State Zip Code
Trumbull CT 06611-1376

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2014

Transaction ID : 1EB19611-447E-4776-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ira Udell

Mailing Address 600 Northern Blvd Ste 214

City State Zip Code
Great Neck NY 11021-5200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2014

Transaction ID : 05355D30-1ECA-4D96-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Woodford Van Van Meter

Mailing Address 216 Barrow Rd

City State Zip Code
Lexington KY 40502-1910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 09 / 2014

Transaction ID : 8AF31B1B-9358-49B2-9

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Anthony Viti

Mailing Address 1870 Amherst St Ste 3B

City
Winchester

State
VA

Zip Code
22601-2848

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 11 / 2014

Transaction ID : F0F7E57D-BBB1-4CA3-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark Walsh

Mailing Address 6561 E Carondelet Dr

City
Tucson

State
AZ

Zip Code
85710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

04 / 21 / 2014

Transaction ID : 47DEDAC8-DDAC-47BE-A

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

C. William Thomas Walton

Mailing Address 13919 Bluff Wind

City
San Antonio

State
TX

Zip Code
78216-7923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

04 / 18 / 2014

Transaction ID : CC25C899-F8B6-4DF4-9

Amount of Each Receipt this Period

199.00

SUBTOTAL of Receipts This Page (optional)..... ►

1949.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. William Thomas Walton

Mailing Address 13919 Bluff Wind

City

San Antonio

State

TX

Zip Code

78216-7923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2014

Transaction ID : 59E4A18B-8D4A-43AB-B

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Aaron Weingeist

Mailing Address 4717 53rd Ave S

City

Seattle

State

WA

Zip Code

98118-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.66

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 15 / 2014

Transaction ID : 7149E1B3-DAF2-4A73-B

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Tay Weinman

Mailing Address 571 West 7th St

City

San Pedro

State

CA

Zip Code

90731-3115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 15 / 2014

Transaction ID : E4024865-DC02-4E7F-8

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Tay Weinman

Mailing Address 571 West 7th St

City

San Pedro

State

CA

Zip Code

90731-3115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

04 / 30 / 2014

Transaction ID : 15423A87-530D-4585-8

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Craig Wilkerson

Mailing Address 159 jimmy green road

City

Helena

State

MT

Zip Code

59601-8645

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 10 / 2014

Transaction ID : 989E13BB-774B-40DD-B

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Byron Wilkes

Mailing Address 8284 Dogwood Road

City

Germantown

State

TN

Zip Code

38139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 02 / 2014

Transaction ID : 55EB7FF6-CCE5-4E5D-8

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

806.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Ruth Williams

Mailing Address 2015 N Main St

City

Wheaton

State

IL

Zip Code

60187-3152

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 09 / 2014

Transaction ID : 80621BDE-CA86-4307-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. James J. Wong

Mailing Address 102 East Avenue

City

Norwalk

State

CT

Zip Code

06851

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 03 / 2014

Transaction ID : 011E15E7-1E04-4CBD-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. William Wong

Mailing Address Apt C

46-312 Haiku Rd

City

Kaneohe

State

HI

Zip Code

96744-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2014

Transaction ID : 91A9D59E-F6BB-4AD1-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Charles Zacks

Mailing Address 15 Lowell St Fl 2

City

Portland

State

ME

Zip Code

04102-2726

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 95443203-5FC3-4A11-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Steven Zelko

Mailing Address 309 West Quinto St

City

Santa Barbara

State

CA

Zip Code

93105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2014

Transaction ID : 235D2D40-DCEA-4916-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

92261.31

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Dave Camp for Congress

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640-6824

FEC ID number of contributing
federal political committee.

C C00347476

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

04 / 30 / 2014

Transaction ID : A1019873BAD34E52C77

Amount of Each Receipt this Period

2500.00

Refund of Gen 2014 contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 75

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City	State	Zip Code
San Francisco	CA	94163

Purpose of Disbursement
Bank charges - Apr 2014

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2014

Transaction ID : F7C7C4690982BB30C23

Amount of Each Disbursement this Period

215.60

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

215.60

215.60

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Alma Adams for Congress

Mailing Address PO Box 20622

City	State	Zip Code
Greensboro	NC	27420

Purpose of Disbursement
2014 Primary

011

Candidate Name

Alma Shealey Adams

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	17	/	2014

Transaction ID : 6DE880D0685EB6B0A98

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Bilirakis for Congress

Mailing Address PO Box 606

City	State	Zip Code
Tarpon Springs	FL	34688-0606

Purpose of Disbursement
2014 General

011

Candidate Name

Gus Michael Bilirakis

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	17	/	2014

Transaction ID : 1B2A4E22995168A2753

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bilirakis for Congress

Mailing Address PO Box 606

City	State	Zip Code
Tarpon Springs	FL	34688-0606

Purpose of Disbursement
2014 Primary

011

Candidate Name

Gus Michael Bilirakis

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	17	/	2014

Transaction ID : 6279BCF1729EFC78416

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Devin Nunes Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2014

Mailing Address PO Box 6545

Transaction ID : 89C36FEE95406E2E59F

City	State	Zip Code
Visalia	CA	93290-6545

Amount of Each Disbursement this Period

Purpose of Disbursement
2014 Primary

011

1000.00

Candidate Name

Devin G. Nunes

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 22

Full Name (Last, First, Middle Initial)

B. Dr Chad Mathis for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Mailing Address 2960 Pelham Pkwy
PO Box 1641

Transaction ID : 708D96D751297E4B47F

City	State	Zip Code
Pelham	AL	35124-5641

Amount of Each Disbursement this Period

Purpose of Disbursement
2014 Primary

011

5000.00

Candidate Name

Chad Mathis

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 06

Full Name (Last, First, Middle Initial)

C. Friends of Dan Maffei

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Mailing Address PO Box 230

Transaction ID : BB00F0D958C1B24B626

City	State	Zip Code
Syracuse	NY	13201

Amount of Each Disbursement this Period

Purpose of Disbursement
2014 Primary

011

1000.00

Candidate Name

Daniel Benjamin Maffei

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 24

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 69 OF 75

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Friends of David SchweikertMailing Address 228 S Washington Street
Ste 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement
2014 Primary

Candidate Name

David Schweikert

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : 703A38C62D3C8D9B8E4

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of Farr

Mailing Address PO Box 122

City Monterey State CA Zip Code 93942

Purpose of Disbursement
2014 Primary

Candidate Name

Sam Farr

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : ECE4E5B76EF100B8509

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Patrick Murphy

Mailing Address 4521 Pga Blvd. #412

City Palm Beach Gardens State FL Zip Code 33418

Purpose of Disbursement
2014 Primary

Candidate Name

Patrick E. Murphy

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : 77013E7FBE5A2A74C6B

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 70 OF 75

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Hatch Election Committee Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Mailing Address PO Box 3986

City	State	Zip Code
Washington	DC	20027

Purpose of Disbursement
2018 Primary

011

Transaction ID : 33A2474A86EC2536BAC

Amount of Each Disbursement this Period

1000.00

Candidate Name

Orrin G. HatchCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: UT District:

Full Name (Last, First, Middle Initial)

B. Jeff Miller for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Mailing Address PO Box 126

City	State	Zip Code
Pensacola	FL	32591

Purpose of Disbursement
2014 Primary

011

Transaction ID : 8E8762407CD07A46766

Amount of Each Disbursement this Period

1000.00

Candidate Name

Jefferson B. MillerCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 01

Full Name (Last, First, Middle Initial)

C. Jenkins for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2014

Mailing Address PO Box 727

City	State	Zip Code
Huntington	WV	25711

Purpose of Disbursement
2014 Primary

011

Transaction ID : F92762785F608FF8703

Amount of Each Disbursement this Period

5000.00

Candidate Name

Evan H. JenkinsCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WV District: 03

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 71 OF 75

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jo Bentivegna for Congress

Mailing Address PO Box 321116

City Fairfield	State CT	Zip Code 06825
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Purpose of Disbursement
2014 Primary

011

Candidate Name

Joseph Bentivegna

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2014

Transaction ID : F0AFD09368754C9BF73

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Lamborn for Congress

Mailing Address PO Box 64107

City Colorado Springs	State CO	Zip Code 80962
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Purpose of Disbursement
2014 Primary

011

Candidate Name

Douglas L. Lamborn

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : FC90A8B95B27CCE99CA

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Maloney for Congress

Mailing Address 49 East 92nd St

City New York	State NY	Zip Code 10128
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Purpose of Disbursement
2014 Primary

011

Candidate Name

Carolyn B. Maloney

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Transaction ID : A4C2FE15F861D321E5D

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. McKinley for Congress

Mailing Address PO Box 642

City	State	Zip Code
Morgantown	WV	26507

Purpose of Disbursement
2014 Primary

011

Candidate Name

David B. McKinley

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : 0E080FB8F8C12DDF3FD

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Miller-Meeks for Congress

Mailing Address 11674-90th St

City	State	Zip Code
Ottumwa	IA	52501

Purpose of Disbursement
2014 Primary

011

Candidate Name

Mariannette Jane Miller-Meeks

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2014

Transaction ID : CE1028DB010CC41F923

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Morgan Griffith for Congress

Mailing Address PO Box 361

City	State	Zip Code
Christiansburg	VA	24068

Purpose of Disbursement
2014 Primary

011

Candidate Name

H. Morgan Griffith

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2014

Transaction ID : 65DB27A7B0D54F51E76

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 73 OF 75

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Next Century Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Mailing Address 116 S Royal Street

Transaction ID : EED2FD7F02077EB3C0C

City	State	Zip Code
Alexandria	VA	22314

Amount of Each Disbursement this Period

Purpose of Disbursement
2014 Contribution

011

1500.00

Candidate Name

Next Century FundCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Contribution

Full Name (Last, First, Middle Initial)

B. Reinventing a New Direction - Randpac

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Mailing Address PO Box 72598

Transaction ID : 2F93389D927409AD956

City	State	Zip Code
Newport	KY	41072

Amount of Each Disbursement this Period

Purpose of Disbursement
2014 Contribution

011

2500.00

Candidate Name

Reinventing a New Direction - RandpacCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Contribution

Full Name (Last, First, Middle Initial)

C. Steve Israel for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Mailing Address PO Box 1400

Transaction ID : CC53D9FD17EEAA79655

City	State	Zip Code
Melville	NY	11747

Amount of Each Disbursement this Period

Purpose of Disbursement
2014 Primary

011

2500.00

Candidate Name

Steve J. IsraelCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY District: 03

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 74 OF 75

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Ted Deutch for Congress Committee

Mailing Address 1050 17th St, NW, Ste 590

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

Purpose of Disbursement
2014 General

011

Candidate Name

Theodore Eliot Deutch

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : 3AD78B59AD733EC186C

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Thom Tillis Committee

Mailing Address PO Box 97396

City Raleigh	State NC	Zip Code 27624
-----------------	-------------	-------------------

Purpose of Disbursement
2014 Primary

011

Candidate Name

Thomas Roland Tillis

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : E8B1B9854D5386D767C

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Tim Murphy for Congress

Mailing Address PO Box 24551

City Pittsburgh	State PA	Zip Code 15234
--------------------	-------------	-------------------

Purpose of Disbursement
2014 Primary

011

Candidate Name

Timothy F. Murphy

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Transaction ID : 3285098D88795B0FA1D

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7000.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Walter Jones Committee

Date of Disbursement

Mailing Address PO Box 3962

City	State	Zip Code
Greenville	NC	27836

Transaction ID : 657A10B58707D3558B1

Purpose of Disbursement	2014 Primary

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2500.00

Office Sought:	<input checked="checked" type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	NC	District: 03

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional).....

2500.00

TOTAL This Period (last page this line number only).....

55000.00